
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No. _____
NOTICE OF HEARING

PLEASE TAKE NOTICE that the _____
filed herein on the _____ day of _____, 20_____,
by _____, will come on for hearing on
the _____ day of _____, 20_____, at ____ o'clock
☐ a.m. ☐ p.m., in the Magistrate's Division of the District Court, _____
County Courthouse, at (address) _____.

Plaintiff/Defendant requests oral argument, and the right to cross-examine Defendant/
Plaintiff and/or his/her witnesses at such hearing.

Date: _____

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

Typed/printed name

Signature